

MASSACHUSETTS DIVISION OF MARINE FISHERIES
2005 Horseshoe Crab Landing Report Form

Permit Holder: _____ Permit #: _____ Month Fished: _____
 Method of Harvest: _____ Permit Type: Bait _____ Biomedical _____
Method and /or Gear Used to Harvest: Hand, Trawl, Net, Rake or Other (describe)

| Day | # Females | # Males | Harvest Location (Give the Town, Bay and Beach Where the Crabs were Harvested) | Sold To: (Give Name of Dealer or Person Sold To) |
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Forms are available on the Division's website at www.mass.gov/dfwele/dmf

Return Completed Forms By the 5th Day of the following month to:

Massachusetts Division of Marine Fisheries

50A Portside Drive

Pocasset, MA 02559

Attn: Frank Germano

If you need information call: (508) 910-6344 or email frank.germano@state.ma.us

Permit Holder's Signature: _____ Telephone #: _____

HC Form 1999